

P.O. Box 250  
109 E. Main St.  
Craigmont, Idaho 83523  
Phone: 208-924-5432  
Fax: 208-924-6801



**City of Craigmont**  
**CITY OF**  
**CRAIGMONT**

**DEMOLITION &**  
**FENCE PERMIT**

**Please Print Clearly. There is no fee for this permit it just allows the city to track  
refuge if it is being disposed of improperly.**

**PROJECT ADDRESS:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**TYPE OF STRUCTURE:** \_\_\_\_\_

**CONTACT INFORMATION**

**PROPERTY OWNER**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**CONTRACTOR**

**NAME** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**IF ASBESTOS IS PRESENT, IT MUST BE PROPERLY DISPOSED OF, NOT USING THE REFUGE  
CONTAINERS IN THE CITY OR IN COLD SPRINGS CANYON.**

I hereby certify that I have filled out this form to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

